Bladder leiomyosarcoma: Partial cystectomy and complementary treatment

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Objective. We report a new case of bladder leiomyosarcoma in an elderly patient. Bladder leiomyosarcoma is an infrequent malignancy, representing less than 1% of all bladder neoplasms. Nevertheless, among the range of mesenchymal tumors, leiomyosarcoma is the most common lesion found in the bladder.
Methods. A 75-year-old male presented with a history of moderate chronic obstructive pulmonary disease and no other medical antecedents of interest. The patient reported to the emergency Service with urethral bleeding and urinary retention. Since urethral catheterization did not prove possible, a suprapubic catheter was placed, followed by evaluation of the case. Ultrasound revealed a large distended bladder with an apparent single diverticulum of a size similar to that of the bladder itself (over 13 cm in maximum diameter), with several wall polypoid images measuring under 2–3 cm in size both in the bladder and in the diverticulum, suggestive of a bladder neoplastic process. In view of the ultrasound findings and urethral stenosis, an ureterotomy was performed with cystoscopy which revealed a solid calcified tumor measuring almost 7 cm in size, located on the lateral wall. Transurethral resection was performed in the same surgical intervention, leaving residual tumor.
Results. Based on these results, the decision was taken to complete surgery, opting for partial cystectomy and diverticulectomy, with the following histological findings: Low-grade leiomyosarcoma (3 mitotic figures per 10 high-magnification fields), with marked cellular pleomorphism. With the diagnosis of low-grade leiomyosarcoma with invasion of all the layers, the case was evaluated by the clinical committee, which decided to provide adjuvant therapy in view of the high risk condition of the patient. The study of disease spread was moreover completed with a chest and abdominal CAT scan, bone gammagraphy and pelvic MRI, which showed no distant spread. Locoregional radiotherapy (dosage 57 Gy) and complementary chemotherapy were provided. Chemotherapy consisted of a combination of ifosfamide and adriamycin at the usual doses, in the form of three treatment cycles. Following treatment, the patient was subjected to strict follow-up with periodic cystoscopy, urinary cytology and chest-abdominal-pelvic CAT scans. After a period of 30 months, he remains free of disease
Conclusion. Bladder leiomyosarcoma is an infrequent tumor in which complete surgical resection remains the management option of choice. Of note in the present case is the use of conservative surgery, which is regarded as feasible provided the entire neoplasm is removed. The role of neoadjuvant chemotherapy with a view to facilitating resection or a partial cystectomy should be evaluated in tumors of this kind. Chemotherapy and radiotherapy after partial surgical resection appears to be acceptable in order to reduce the risk of relapse.

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Controversy concerning hormone therapy in patients with prostate cancer

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Introduction. Laboratory studies have shown significant advantages of neoadjuvant hormone therapy (HT) to radiotherapy (RT) in prostate cancer (PC) as a result of its boosting and supra-additive effect. It also slows cell division and reduces tumor hypoxia. Very low PSA values with HT before radiotherapy could reduce time on HT.
Objectives. To present options recommended by radiation oncologists in the most controversial aspects of treating PC using neoadjuvant aLHRH in 4 typical patients: 2 with intermediate-risk (IR) disease and 2 with high-risk (HR) disease, with(out) cardiovascular comorbidity.
Methods. The ÁGORA project involved 18 oncologists and comprised 4 phases: (1) selection of the most controversial issues in treatment of PC using neoadjuvant aLHRH; (2) selection of the most relevant published scientific articles; (3) preparation of case reports; (4) critical reading of the articles and discussion of the case reports at regional meetings (May–July 2011). Therapeutic procedures were classified as "highly recommendable", "recommendable in some cases", or "not recommendable/not applicable". The dispersion of the responses was considered to indicate consensus (SD < 0.15) or high variability (SD > 0.85).
Results. In patients with IR with(out) a cardiovascular history, HT was not recommendable in some cases (SD 0.14). Sixteen of the 18 oncologists did not agree with neoadjuvant HT. In patients with HR disease and no history of severe cardiovascular events and >1 unfavorable risk factor, no participants rejected long-term HT (24–36 months). Half did not recommend adapting the duration of HT to the response to neoadjuvant HT. In the HR patient aged 65 years with cardiovascular problems and >1 unfavorable risk factor, no consensus was reached on the role of HT, although most participants (14/18) did not reject it. Ten of the 18 participants considered that neoadjuvant HT could be administered until PSA reached <0.1. The only short-term regimen recommended in this group was that of D'Amico (13/18).